From: Han, Linda (DPH)

Sent: Thursday, April 08, 2010 7:25 AM

To: Nassif, Julianne (DPH)

Subject Fw: hep B vaccine recipients with no documented hep B antibody titer

Sent from my Blackberry wireless

From: Nawn, Kathleen (DPH) To: Han, Linda (DPH) Cc: Cormier, Carol (EHS) Sent: Thu Apr 08 06:54:44 2010

Subject: RE: hep B vaccine recipients with no documented hep B antibody titer

Sosha Haynes was assigned to the Drug Lab Boston in 2004.
I'll ask Carol to confirm when she left, so I can archive her record.

Evan was part of our seasonal EEE hires for the past two years (2008, 2009).

Carol-When did Sosha Haynes leave Drug Lab Boston or dph employment? Thanks.......kathy

From: Han, Linda (DPH)

Sent: Wednesday, April 07, 2010 3:13 PM

To: Nawn, Kathleen (DPH)

Subject: RE: hep B vaccine recipients with no documented hep B antibody titer

I took off Evan Price too (terminated), and

HAYNES SOSHA

Nobody seemed to know who this is, so I'll assume terminated.

Down to 60!

lh

From: Nawn, Kathleen (DPH) Sent: Wednesday, April 07, 2010 2:24 PM

To: Nawn, Kathleen (DPH); Han, Linda (DPH); Caloggero, Dina (DPH)

Subject: RE: hep B vaccine recipients with no documented hep B antibody titer

Dr. Hain-You can cancel Susan Wyndham from the list. I found a copy of the post-vaccination titer for her in some old records I thought of. So one down and 62 to go.

Thanks.....kathy

From: Nawn, Kathleen (DPH) Sent: Tuesday, April 06, 2010 3:14 PM

To: Han, Linda (DPH); Caloggero, Dina (DPH)

Subject: RE: hep B vaccine recipients with no documented hep B antibody titer

Dr.Han-

- 1. I made some updates to your proposed notification email
- 2. According to OSHA and CDC, hep B antibody testing is required after completion of the hep B series because it's the only way to confirm the person's immune response to it.

Titering after HBV vaccination
Finally, OSHA is very clear about requiring titers after the hepatitis B vaccination. See the OSHA interpretation letter, "93/10/2000 - HBV antibody testing is required after vaccination series; HBV booster not required." It doesn't get any clearer. The Updated U.S. Public Health Service (USPHS) Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis reiterates this point. "

3. some of our folks declined because they did not want the vaccination and had not been previously vaccinated. I can tell you about one example. How do you want to process those folks?

4. send out all the notifications at the same time and I'll work from there

4- send out an de nounclations are large same unit and in out not meter.

You're going to have folks' all over the map with their response or lack there of , so just send them all out now.

My estimate is that majority of folks will just make an appt to get a new titer drawn because they don't want to bother trying to find their records, plus post- vac anti-HBs not performed is problematic.

Most folks I've encountered just don't have adequate immunization/testing records and believe it's a hassle to have to dig them up.

- for the folks you send this notification to,
   do you want a report of their responses and non-responses
   -what will you do about folks' who fail to respond altogether.
   As their employer, you're required to counsel folks if they decline and document it.

6. I'll have to register folks at the Shattuck, so they'll be required to complete the Shattuck's patient information form, and complete the consent for me to obtain their anti-HBs lab report from the Shattuck

Thanks...

From: Han, Linda (DPH)

Sent: Tuesday, April 06, 2010 1:07 PM

To: Caloggero, Dina (DPH); Nawn, Kathleen (DPH)

Subject: hep B vaccine recipients with no documented hep B antibody titer

What do you think? If it looks OK, I can modify for people with no imms history, people with a negative titer, etc etc. I'd plan to email this to myself, with all of the various lab staff blind-cc'd so that nobody knows what other people's vaccination/liter status is. I could also send the emails out to the various categories of people at intervals, so that Kathy doesn't end up with 65 requests for appts all at once. Ih

We are in the process of reviewing our hepatitis B vaccination records in order to follow up with lab staff (1) who are at risk for hepatitis B exposure (those with direct contact with human blood, blood products (e.g., serum), body fluids, infected tissues or secretions, or materials possibly contaminated by blood or blood products) and (2) who have no documentation of the required post-vaccination positive hepatitis B surface antibody liter te A post-vaccination hepatitis B antibody titer is the only way to confirm an adequate immune response to the hep B vaccine. The post-vaccination antibody titer is normally tested 4-6 weeks after completion of the series. The hep B vaccination is a series of three (#1, one month after #1, and 6 months after #1).

Although you have reported that you have been vaccinated for hepatitis B in the past, we do not have any record of your post-vaccination hepatitis B surface antibody testing in the past, please submit test documentation (such as lab test report or immunization record with testing results) to Kathy Nawn, Room 454.

If you have not had testing for hep B surface antibody, Kathy can make arrangements for you to have this testing done at the Lemuel Shattuck Hospital.

Although we are offering it, Hepatitis B surface antibody testing is not required However, it is currently recomm ended after the completion of the vaccination series for hepatitis B, and it is valuable in the event of a hep B exposure because it is used for determining post-exposure treatment and care.

If post-vaccination antibody is present, the individual is considered to be immune to hepatitis B, and would reduce further hep B—related intervention in the event of an exposure.

If antibody is absent, a fourth vaccination will be offered (and possibly a fifth and sixth vaccination dose if the individual remains antibody-negative after the 4<sup>th</sup> dose).

If the antibodies remain absent after 2 complete vaccination series, the individual is considered to be a nonresponder to hepatitis B vaccinations.

Non-responders are considered susceptible to HBV infection and would need hepatitis B immune globulin in the event of significant exposure to potentially infectious material.

Please contact Kathy Nawn at Kathleen.nawn@state.ma.us or x6345 if you are interested in hepB antibody testing, and let her or me know if you have any questions.

Thanks, Linda

Linda Han, MD, MPH
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